

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET 10
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT'S

DATE

APPLICANT'S

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS		██████		██████		██████

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.				↓	60	↓
TOTAL DEP.				←	57	←
TOTAL CLAIMS		██████		██████	63	██████